Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date

## KANSAS CORPORATION COMMISSIONS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

**WELL PLUGGING RECORD** 

RECEIVED

September 2003 OCT 1 2 2005 Type or Print on this Form

Form must be Signed

Form CP-4

## CONSERVATION DIVISION All blanks must be Filled WICHITA, KS

K.A.R. 82-3-117

Lease Operator: Anduarko Petroleum Corporation				_  API Numb	er <b>13-</b> 129-	20455 - 66 - 66	
Address: P. 0. Box 1330, Houston, Texas 77251-1330				_ Lease Na	Lease Name <u>Interstate</u>		
Phone: (832) 636-8380 Operator License # 4549				_ Well Num	ber <u>F-4</u>		
Type of Well: Docket #				_ Spot Loca	tion (QQQQ) N	W NW SE NW	
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)				1	1330 Feet from X North / South Line of Section1330 Feet from East / X West Line of Section		
The plugging proposal was approved on: 09/12/2005 (Date				<b>-</b>			
by: (KCC <b>District</b> Agent's				1			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Sec2	Sec. 20 Twp. 34 S. R. 43 East X West		
				County:	County: Morton		
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed:		
Red_Cave Depth to Top:Bottom:T.DT.D				Plugging (	Plugging Commenced: 09/14/2005		
			Plugging Completed: 09/15/2005				
Deptin	to Top: Botto	m:	_ I.D	_			
Show depth and thickness of	all water, oil and gas format	tions.					
Oil, Gas or Water Records		Casing		g Record (Sui	Record (Surface Conductor & Production)		
Formation	Content	From	То	Size	Put in	Pulled out	
		surface	370	8-5/8	370'	N/A	
Red Cave	Gas	surface	1292	4-1/2	1292 '	N/A	
Mixed 200 lbs hulls & 60' to surface. Cut o						sxs down annulas from	
Name of Plugging Contractor: _	Sargent & Horton F	Plugging, Ir	nc,		Licen	se#31151	
Address Route 1, Box 4	9BA, Tyronne, OK 7	3951-9731					
Name of Party Responsible for	Plugging Fees:Anada	arko Petrole	eum Corporat	ion			
State ofT	exas Cou	nty,	Montgome	ry	,ss.		
Ma	artha C. Howard		(Employe	ee of Operator	) or (Operator) on a	bove-described well, being first duly	
sworn on oath, says: That I has same are true and correct, so I	help me God.	statements, an	d matters herein	contained, a	nd the log of the ab	oove-described well as filed and the	
JOHNY PURE BEF	RTHA COSTON TARY PUBLIC		(Signatur	e)	arthal	Howard	
	TE OF TEXAS		(Address)	<u> </u>	ox 1330, Housto	on, Texas 77251-1330	
MY COMA	M. EXP. DE&UB230ERIEED and	d SWORN TO b	pefore me this	11+1	_ day of	tober , 20 05	
	B	ndha	_ Cost	en	My Commissi	on Expires: <u>\( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	
	, 1		Notary Public		-		